

GETAC-EMS Committee 2-7-2008 Meeting Minutes

Meeting called to order at 0809: Dudley Waite residing as Chair for Pete Wolf who is absent for personal commitment.

Members present: Dudley Waite, Keri Price-Grant, Antonio Garcia, Kevin Deramus, Lucille Maes, Larry Mitchell, Brian Petrilla, and Lon Squires

Members absent: Pete Wolf, Anita Aaron, Chris Callsen, Leon Charpentier, Brett Coghlan, Mike Farris, Allen Johnson, Michael Miriovsky, Danny Owen, Kevin Roles and Curtis Smith

Reports were given by the DSHS and Trauma Registry staff.

Discussion items:

1) Greg Lemay of TEEEX-Director for TEEEX and TXDOT grants for Rural EMS-meant to enhance responder's capabilities such as addition of personnel, equipment, etc. It works in categories such as ECA through EMT-I, Paramedic refresher courses, CE's, and Instructor classes. If entity has an EMS Coordinator and/or Instructors, the grant will provide the funds to reimburse the costs for the class. It can also provide Instructors for you. At least 1/3 of the funds have been allocated so far. Apply for as many classes as you want but you must complete a separate application for each class. Contact Greg directly with any questions.

2) Education Committee-1/11/08 work group meeting briefing by Jody Harbert-

- Work groups in between GETAC meetings are being held and have been very productive.
- Stroke System of Care-only 140 keys had been used of the 700. It is basically free education that is not being used.
- Scotty Boliter brought discussions regarding use of simulations in lieu of clinical. Committee agrees it should be in addition to rather than in lieu of. Prepping for ride outs BEFORE ride outs are a great example of simulations but not in place of hands-on rotations. Definition of simulation also needs to be clearly stated. Products out there that will truly simulate EMS conditions versus a "Laerdal mannequin" with holes punched in it. Comparison to nurses and doctors programs to consider what they are using would also be valid.
- Survey of EMS providers and programs will also assist with identifying areas of improvement. Unfortunately participation in the survey has been extremely low.
- National Registry-There have been many customer service complaint issues such as sites only allowing 2 candidates to test per week. Education Committee and TDSHS needs documentation in order to do something about it. Complaints need to be appropriately documented.

- Committee wants to make sure that we are inclusive when gathering data to make changes. Working on a survey prep that will go out to Coordinators and educators only at the end of the month. It will be asking for a lot of data but we want each of you to provide it.
- Back ground checks-sub committee to work on the legislative process. Committee is sending a letter to GETAC to recommend federal BG checks on all reciprocity candidates, those who omit BG on application, etc. and not just new candidates. Sometimes it takes 6-9 months to get licensed for Doctors and we are concerned about the time factor. We owe the public the right to say due diligence has been done. The pool of transient candidates will need to be held to the same standards as our state. Maxey Bishop explained that electronic fingerprinting is taking about a week and it stays the system indefinitely. As of this year in Sept. TDSHS will have checked all recertifying Texas EMS personnel's background at least once.
- Federal background checks entails fingerprinting and checks all records in all states. Recertification candidates currently only receive a state background per TDSHS.
- National Accreditation-letters have been positive. Local project money available-looking for and comparing our current process. It will be helpful for Dr. George Hatch to speak as an expert at the main GETAC meeting.
- Mandate from NR-we must be NA but we want to make sure that stakeholders have input in the process. The process itself is a very eye-opening experience. It levels the playing field in relation to other states.

3) Forest Wood of TEEX-EMS Leadership Academy

It creates a standard training and recognition process that has never been associated with EMS for decades. Set up for failure when the "you're it" process for promotions and supervisors appointments.

General revenue funds of 1.2 million have been directed into this program. Tasks, Tactical and Strategic are the levels of the program. No college credit is offered. Open for all EMS certification levels as well as other non-prehospital care areas such as dispatch, police, etc. TEEX is currently working for National Accreditation and on a blended on-line/on campus program right now. The cost is \$150 per student per class.

4) EMS as an Essential Service. Discussion conducted at length. It was discussed that we are the only profession in the world that will pay for our education and training and then work for free because of the love of the job. Around 70% of all fire department and EMS entities in Texas are volunteer or combination. We will have a huge opposition from the cities and counties in this regard but this has been attempted many times in the past. There are certain things you must provide as a municipality such as water and police. Cities CAN provide them but are not required. Counties have no real authority to regulate EMS services. Cities can. Texas Work Force Commission has decided that EMS positions are no longer acceptable options for those needing jobs in Galveston/Houston area. Remy of AHA, read a list of many possible partners for collaboration to get legislation passed in this regard. Suggestions from audience including utilizing the Firefighter and Police Officers Associations for support would be a great positive as most EMS Associations are inactive or not effective.

5) Exposure concerns-Meningitis, MRSA procedures. Because no quorum was present, committee proposed to approach GETAC in regard to this as it is an immediate necessity. Proposal was made to conduct a comprehensive examination of the overall exposure to infections disease requirements for first responders including but not limited to fire, EMS and Police reporting, testing, etc. Many audience members commented as well on this subject-all in support of pursuing this further immediately. There are so many issues to proper notification or exposure and all need to be identified.

General Public Comment:

- 1) Pediatric Committee member – Only 20% of EMS and hospitals reporting on the survey and they need 80% for survey to be valid. Please respond ASAP. .
- 2) Ms. Remy-Echo a survey nationally 3 surveys-stroke survey, 25 question survey on stroke care and then EMS care in Texas. Quick turn around time and RAC chairs will distribute them to all EMS services. Feb 26th – work group in Dallas for survey at Love Field.

Meeting adjourned at 9:49